



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 78567

Title: Optimal Palliation of Malignant Biliary Obstruction

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05378078

Position: Peer Reviewer

Academic degree: MD

Professional title: Staff Physician

Reviewer's Country/Territory: Japan

Author's Country/Territory: United States

Manuscript submission date: 2022-07-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-07-03 23:28

Reviewer performed review: 2022-07-04 00:34

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors provide a thorough review of the current literature on endoscopic palliation of MBO. My comments are as follows. Major Points: 1. As the authors' title is "Optimal Palliation of MBO". Palliation includes care for best supportive care patients with a relatively long prognosis. An overview of surgical options can be added. Alternatively, the authors may consider revising the title to "Endoscopic" Palliation of MBO. 2. An overview of PTBD and EUS-guided rendez-vous techniques may be added. The use of balloon-assisted enteroscopy in patients with SAAs and double stenting in patients with duodenal and biliary obstruction may also be discussed briefly. 3. Tables 1 and 2: It would be nice to show whether or not the differences in each study were significant. Minor points: 1. Minor grammatical errors throughout. Please pay particular attention to incomplete sentences and missing hyphens. Page 13: reinnervation-->reintervention; page 13: reinvention-->reintervention. 2. The following sentence (page 7) is difficult to understand and should be reworded: Another retrospective study of 78 patients with unresectable type II-IV hilar strictures found on multivariate analysis that effective liver volume drainage $\geq 33\%$ and $\geq 50\%$ correlated with preserved and impaired liver function, respectively.³⁹ 3. The authors state "Many centers prefer the SBS approach since deploying multiple stents is relatively easier and in cases of stent dysfunction reintervention is possible.^{33,50}" (page 8). Reintervention with plastic stents placed inside SEMS is also possible after the SIS approach. 4. In their discussion of EUS-HGS, the authors state that "Its role in hilar obstruction is reserved for specific cases as drainage from the left intrahepatic duct does not equate to drainage of a right sided obstruction.⁶⁸" Bridging methods from the HGS route to the right lobe may be discussed. 5. "Another large multicenter cohort in the United Kingdom and Ireland found that the



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technical success, clinical success, adverse events and reintervention rates were 90.8%, 94.8%, 17.5%, and 8.3%, respectively.⁷¹" (page 11): this is a study of EUS-CDS using LAMS. As LAMS is discussed in the next paragraph, it may be preferable to move this sentence to the next paragraph to avoid confusion.



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Peer-review model: Single blind

Reviewer's code: 05373523

Position: Peer Reviewer

Academic degree: MD, MSc, PhD

Professional title: Doctor, Research Fellow

Reviewer's Country/Territory: Australia

Author's Country/Territory: United States

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Reviewer chosen by: AI Technique

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Review time: 1 Hour

Scientific quality	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous



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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Great effort in putting together all the recent evidence around palliation of MBO. There are only a couple suggestions I would like to mention: 1) The title seems to me too broad as the paper focuses on endoscopy-based therapies. I would suggest narrowing down the title (e.g. ?endoscopic palliation); 2) When talking about "a recent metanalysis of 21 studies" the authors seem to have missed to add the superscripted reference number.



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Peer-review model: Single blind

Reviewer’s code: 03251421

Position: Editor-in-Chief

Academic degree: MD

Professional title: Professor

Reviewer’s Country/Territory: China

Author’s Country/Territory: United States

Manuscript submission date: 2022-07-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-07-15 01:09

Reviewer performed review: 2022-07-17 11:59

Review time: 2 Days and 10 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This review systematically reviewed the palliative approaches to malignant biliary obstruction. Specific comments: 1. More subheadings could increase the readability of the article, such as stent selection, and unilateral vs bilateral drainage. 2. Perhaps the title should be changed because the authors mainly discuss the endoscopic palliative approaches to malignant biliary obstruction and do not have a definite conclusion on optimal palliation. 3. Some sentences are too redundant and have logical errors, which should be revised carefully.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Peer-review model: Single blind

Reviewer's code: 05378078

Position: Peer Reviewer

Academic degree: MD

Professional title: Staff Physician

Reviewer's Country/Territory: Japan

Author's Country/Territory: United States

Manuscript submission date: 2022-07-03

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2022-08-29 08:28

Reviewer performed review: 2022-08-29 08:42

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

The authors have adequately revised their manuscript. There are still minor typographical errors that should be corrected.